2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 08, 2005 8:00 am Secretary of State

DOCUMENT # N40911 1. Entity Name CENTRAL FLORIDA ASSOCIATION OF HEALTH UNDERWRITERS, INC.					0-	4-08-2005 9	90056 04	4 ****61	.25	
Principal Place of Business P.O. BOX 160790 ALTAMONTE SPRINGS, FL 32716-0790 ALTAMONTE SPRINGS, FL 32716-0790 Mailing Address P.O. BOX 160790 ALTAMONTE SPRINGS, FL			FL 3271	16-0790			#1814 B1841 B1811	SIBI(thinks mine)	MB) B1 (B0)	
2 Principal P	lace of Business	3. Mailing Address			_					
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			04062005 Ct	ng-NP	CR2E037	7 (10/03)		
City & State		City & State		4. FEI Number 59-304159	2		——	plied For Applicable		
Zip	Country	Zip	Cour	ntry	5. Certificate of St	atus Desired		8.75 Add	itional	
·	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Re				
RENNARD, BARBARA V				Name						
3001 ALOMA AVE.				Street Address (P.O. Box Number is Not Acceptable)						
SUITE 116 WINTER PARK, FL 32792										
				City	FL Zip Code					
	named entity submits this statement to ions of registered agent.	Burbara V	Ros			the State of Flo	orida. I am fa	amiliar with,	and accept	
Filing Fee Is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution.							
	<u> </u>	[\$5.00 May Be Added to Fees			payable to ment of St		
10.	Due by May 1, 2005 OFFICERS AND DIF	Trust Fund Co	ontributio	on. 🗆	\$5.00 May Be Added to Fees	Flori	ida Departi	ment of St	ate 10	
10. TITLE NAME	Due by May 1, 2005	Trust Fund Co	ontributio	on. 🗆		Flori	ida Departi	ment of St	ate	
TITLE NAME STREET ADDRESS	OFFICERS AND DIF TD RENNARD, BARBARA V 3001 ALOMA AVE., STE. 116	Trust Fund Co	11. TITLE NAME STREE	e E E ET ADDRESS		Flori	ida Departi	ment of St	ate 10	
TITLE NAME	OFFICERS AND DIF TD RENNARD, BARBARA V	Trust Fund Co	11. TITLE NAME STREE	E ET ADDRESS ST-ZIP	ADDITIONS/CHANG	Flori	ida Departi	ECTORS IN Change	10 Addition	
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indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ___

Burbara Rennard